

Infirmiry, March 30th, with fungus of the left testicle. The protruded portion is about the size of a large walnut, and appears to include the greater part of, if not the entire, testis. It is softish in consistence, and otherwise presents all the characters so well described by Mr. Lawrence.

The disease commenced about four months ago. The testicle became painful and swollen. The swelling increased until it had attained the size of his fist. The serotal integuments then became adherent, and in about two months gave way, discharging a small quantity of purulent matter. The fungoid protrusion for which he was admitted, then formed, and from that time the pain greatly diminished. Small superficial sloughs have occasionally been detached from the fungus.

The right testicle has been diseased at a former period, and no trace of it now remains. The patient has been in bad health for several years, and has been several times salivated for the treatment of syphilis.

An elliptical incision was made around the fungus, and extended upwards and downwards; the integuments were raised and brought over the growth and retained by several stitches. This was accomplished with great facility.

Some degree of inflammatory edema followed the operation, but this quickly subsided, after puncturing the integuments with the lancet, and fomentations. On the third day the sutures were cut, and support given by means of several stripes of adhesive plaster. Partial union only, by the first intention, took place; but there was, notwithstanding, no disposition in the fungus again to protrude.

The patient left the house on the 10th of May, the wound having been for some time completely cicatrized.

This man assured Dr. Duncan that his sexual desires were unimpaired, and as strong as they had been two years previous to the existence of disease in either testicle; and Dr. D. is inclined to believe from a communication he has since had from the patient that these powers have been tested.

47. *Cure of Panaris by Mercurial Ointment.* By M. MARTIN.—A curious epidemic of whitlow affected many soldiers of a French infantry regiment while stationed in the Basque Provinces on the Spanish Frontier, in 1835. The whole number affected amounted to 101 in 16 months, and 10 cases are related as examples. The inhabitants of these regions are remarkably robust, possess great corporeal agility, breathe a pure air, and partake of abundant food, containing a too large proportion of spice. It results that they enjoy a great exemption from internal maladies, and when these do occur, they are soon cured. But, at the same time, they are very liable to peripheral affections, such as erysipelas, darts, phlegmons, furuncles, anthrax, hemorrhoids, &c. After the regiment had arrived in this locality, and the soldiers had enjoyed a mode of life so different to that they had led in barracks, their health became better than it had been for eight years before. But this improved regimen, although it seemed to secure them against severe ailments, and impart to them much additional bodily activity, as the warm weather approached rendered them liable to a great variety of cutaneous diseases, especially the inflammatory affection of the hands, termed panaris. The indulgence in spirituous liquors seemed to have had much to do with this; for the officers, who followed a temperate regimen, never were the subjects of the affection, and the soldiers, who did not indulge in excess, were also exempt, although exposed to the other causes, as immoderate use of spices, too violent exercise, and high temperature. The Spanish Basques, exposed to the same hygienic influences, but of much more sober habits than the French Basques, suffered much less frequently. External irritation, such as friction, contusions, &c., did not seem to have more than its ordinary influence in inducing this affection.

The disease was a serious one, being a most intense local phlegmasia, with corresponding constitutional derangement and local consequences. Suppuration was the mildest termination; for, as the tendinous sheath sometimes became implicated, caries of the phalanges and loss of a finger, were not an uncommon occurrence.

The treatment consisted in general and local bleeding, revulsives, narcotics, emollients, incisions, &c.; but, however carefully any of these means was employed, no arrest of the progress of the affection took place. The reporter having met in a journal with an account of the utility of the mercurial ointment in similar

cases, gave it a trial with the happiest results; for, rebellions as the disease had before shown itself, it now became quite manageable. The part affected was rubbed with the ointment every alternate five minutes for two hours night and morning, a cataplasin being afterwards applied. Relief was so prompt and complete, that it was naturally believed the character of the disease had changed; but some cases happening to occur which were treated by the ordinary means displayed all the former virulence. Prior to the mercurial treatment resolution never occurred, and many most unfortunate terminations were observed: but, subsequently, the very reverse took place. After the troops left the locality and returned to their old quarters the disease never reappeared.—*Med. Chirurg. Rev.*, July, 1845, from *Recueil de Mémoires de Méd., de Chirurg., et de Pharm., Militaires*, tom. 57.

48. *Fracture of the Leg, the patient walking and riding during twelve days after.*—An adjutant of dragoons, in jumping from a height, came flat upon his feet, and felt a severe pain in the middle of the leg, which obliged him to remain quiet for a few minutes. He soon, however, walked some miles, and for several days after continued to perform the duties of his post, which from the 9th to the 13th of September, wore of a peculiarly fatiguing character. During this period there were some pain and swelling, but on the last-named day, while descending a declivity, a bone was heard to snap, and he would have fallen to the ground but for the arm of a friend. Both bones were found fractured towards the lower part of the middle third, the tibia being broken very obliquely. The case was then treated in the usual method, and the patient recovered the perfect use of the limb.—*Ibid.*

49. *Ruptures of Ovarian Cysts.*—Dr. CAMUS, in an interesting memoir read before the Medical Society of Paris, and published in the *Revue Médicale*, (Nov., 1844,) gives the details of a case of encysted dropsy of the right ovary in which the cyst three times spontaneously ruptured, its contents being effused into the peritoneal cavity, and on all three occasions the effused fluid was absorbed.

The subject of this case, a woman about 45 years of age, had laboured under encysted dropsy of right ovary for two years and a half. Purgatives, diuretics, ioduret of potassium, and compression, had alike failed in procuring any benefit. The patient was on the whole, however, in a tolerably comfortable state, till the 17th of January, 1844, when the tumour became the seat of severe pain, accompanied with extreme lassitude, shivering, and slight fever.—(A bleeding prescribed.)

On the 19th, the patient was suddenly seized with severe pain in the abdomen, prolonged shivering, nausea, vomiting, and great restlessness; pulse 126, small and hard, colic, face anxious, as in peritonitis.

On examining the abdomen, M. Camus discovered to his surprise that its shape was completely altered: instead of projecting it was flattened at the centre. But the abdomen had gained in size what it had lost in prominence. Percussion yielded a clear sound in the median line in the neighbourhood of the umbilicus, where formerly a dull sound had been heard. At the sides, on the other hand, the clear sound was replaced by a dull one. The undulation of fluid from one side to the other had never been before so perceptible. These remarkable changes were evidently due to rupture of the cyst, and the consequent effusion of the fluid which it contained, into the peritoneal cavity. The encysted dropsy had become converted into a true ascites. Notwithstanding the fears to which this accident gave rise, the peritonitis terminated happily in the course of two or three days.

On the 22d and 23d, the urine, hitherto scanty, became clear and limpid, and in such quantity as to fill the vessel five times in the twenty-four hours. During this time, the abdomen also lost from two to three inches daily in circumference, and became more and more pliant.

On the 1st February, twelve days after the rupture, the urine still continuing to be passed in abundance, the existence of fluid in the peritoneal cavity could no longer be discovered. The abdomen was reduced to size to which the patient had been long a stranger; and all symptoms of inflammation had disappeared.

Notwithstanding the employment of regular pressure and diuretics, the fluid soon again accumulated, and the abdomen acquired a size even greater than formerly. On the 17th July, the patient was seized with sudden pain, and an extra-